## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

| ·                                                                                                                                                                                                         |                                                                                                                                 | CLAIMS A                                  | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY |                                            |                     |                                         | THAN                   |     |                     |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------|--------------------------------------------|---------------------|-----------------------------------------|------------------------|-----|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                              |                                                                                                                                 |                                           | 16                                           |                                            |                     | RATE                                    | FEE                    |     | RATE                | FEE                    |
| FOR                                                                                                                                                                                                       |                                                                                                                                 |                                           | NUMBER                                       | FILED N                                    | UMBER EXTRA         | BASIC FEE                               | 375.00                 | OR  | BASIC FEE           | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                   |                                                                                                                                 |                                           | 14                                           | nus 20= *                                  | 0                   | X\$ 9=                                  |                        | OR  | X\$18=              | 0                      |
| INDEPENDENT CLAIMS                                                                                                                                                                                        |                                                                                                                                 |                                           | 3 m                                          | inus 3 = *                                 | O.                  | X42=                                    |                        | OR  | X84=                | n                      |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                                |                                                                                                                                 |                                           | RESENT                                       |                                            |                     | 140                                     |                        | Ŷ., |                     |                        |
| * If the difference in column 1 is                                                                                                                                                                        |                                                                                                                                 |                                           | less than zero, enter "0" in column 2        |                                            |                     | +140=                                   | y.                     | OR  | +280=               | 0                      |
|                                                                                                                                                                                                           |                                                                                                                                 |                                           | MENDED - PART II                             |                                            |                     | TOTAL                                   | - 100                  | OR  | TOTAL               | 150                    |
| (Column 1)                                                                                                                                                                                                |                                                                                                                                 |                                           | (Column 2) (Column 3)                        |                                            |                     | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |     |                     |                        |
| AMENDMENT A                                                                                                                                                                                               |                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                              | HIGHEST<br>NUMBER<br>PREVIOUSI<br>PAID FOR | PRESENT<br>LY EXTRA | RATE                                    | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                           | Total                                                                                                                           | *                                         | Minus                                        | **                                         | =                   | X\$ 9=                                  | *                      | OR  | X\$18=              | 1                      |
|                                                                                                                                                                                                           | Independent                                                                                                                     | *                                         | Minus                                        | ***                                        | =                   | X42=                                    |                        | OR  | X84=                |                        |
|                                                                                                                                                                                                           | FIRST PRESE                                                                                                                     | ENTATION OF M                             | ULTIPLE DE                                   | PENDENT CL                                 | AIM                 | +140=                                   |                        |     | +280=               |                        |
|                                                                                                                                                                                                           |                                                                                                                                 |                                           |                                              |                                            |                     | TOTAL                                   |                        | OR  | TOTAL               |                        |
|                                                                                                                                                                                                           |                                                                                                                                 | (Column 1)                                |                                              | (Column 2                                  | 2) (Column 3)       | ADDIT. FEE                              | <u> </u>               | OR  | ADDIT. FEE          | <u> </u>               |
| ~                                                                                                                                                                                                         |                                                                                                                                 | CLAIMS                                    |                                              | HIGHEST                                    | ,                   |                                         | ADDI-                  |     | -                   | ADDI                   |
| AMENDMENT B                                                                                                                                                                                               |                                                                                                                                 | REMAINING<br>AFTER<br>AMENDMENT           |                                              | NUMBER<br>PREVIOUSL<br>PAID FOR            | Y EXTRA             | RATE                                    | TIONAL<br>FEE          |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                           | Total                                                                                                                           | *                                         | Minuș                                        | **                                         | =                   | X\$ 9=                                  |                        | OR  | X\$18=              |                        |
|                                                                                                                                                                                                           | Independent                                                                                                                     | *<br>NTATION OF MI                        | Minus                                        | ***                                        | =                   | X42=                                    |                        | OR  | X84=                |                        |
|                                                                                                                                                                                                           | FINOT FRESE                                                                                                                     | INTATION OF MI                            | JETIPLE DEF                                  | PENDENT CL                                 | AIM                 | +140=                                   | *                      | OR  | +280=               |                        |
|                                                                                                                                                                                                           |                                                                                                                                 |                                           |                                              |                                            |                     | TOTAL<br>ADDIT. FEE                     |                        | OR  | TOTAL<br>ADDIT. FEE | *                      |
|                                                                                                                                                                                                           |                                                                                                                                 | (Column 1)                                |                                              | (Column 2                                  | 2) (Column 3)       | *                                       |                        | ·   | =                   | 6                      |
| AMENDMENT C                                                                                                                                                                                               |                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                              | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR |                     | RATE                                    | ADDI-<br>TIONAL<br>FEE |     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                           | Total                                                                                                                           | *                                         | Minus                                        | **                                         | _                   | X\$ 9=                                  |                        | OR  | X\$18=              |                        |
|                                                                                                                                                                                                           | Independent                                                                                                                     | *                                         | Minus                                        | ***                                        | =                   | X42=                                    |                        | -   | X84=                |                        |
|                                                                                                                                                                                                           | FIRST PRESE                                                                                                                     | NTATION OF MI                             | JĻTIPĻE DEF                                  | PENDENT CLA                                | AIM                 |                                         |                        | OR  | 707-                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                     |                                                                                                                                 |                                           |                                              |                                            |                     | +140=                                   |                        | OR  | +280=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE ADDIT. FEE |                                                                                                                                 |                                           |                                              |                                            |                     |                                         |                        |     |                     |                        |
|                                                                                                                                                                                                           | The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |                                              |                                            |                     |                                         |                        |     |                     |                        |